

APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control: 545
Department or Agency: ALABAMA DEPARTMENT OF MEDICAL LICENSURE COMMISSION
Rule No.: 545-X-A-B-Ch-2
Rule Title: 20XX Alabama Medical License Renewal Application
Intended Action: Amend

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? NA

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer

Rebecca S. Robbins
Rebecca S Robbins

Date

Wednesday, September 17, 2025

REC'D & FILED
SEP 18, 2025
LEGISLATIVE SVC AGENCY

ALABAMA DEPARTMENT OF MEDICAL LICENSURE COMMISSION

NOTICE OF INTENDED ACTION

AGENCY NAME: Medical Licensure Commission of Alabama

RULE NO. & TITLE: 545-X-A-B-Ch-2 20XX Alabama Medical License Renewal Application

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

The Medical Licensure Commission proposes a rule amendment to modify language from the licensure renewal application concerning physician wellness and fitness to practice.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

All interested persons may submit data, views, or arguments concerning the proposed rule in writing to: Rebecca Robbins, Director of Commission Operations, Medical Licensure Commission of Alabama, 848 Washington Avenue, Montgomery, Alabama 36104, by mail or in person between the hours of 9:00 a.m. and 5 p.m. Monday through Friday, until and including November 4, 2025. Copies of proposed rules may be obtained at the Board' website, www.albme.gov.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

Tuesday, November 4, 2025

CONTACT PERSON AT AGENCY:

Rebecca Robbins,
Director of Operations
848 Washing Avenue
Montgomery, AL 36104
334-242-4153

Rebecca S. Robbins

Rebecca S Robbins

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

20XX Alabama Medical License Renewal Application.

Appendix B/Chapter 2

20XX Alabama Medical License Renewal Application

Deadline: December 31, 20XX

Failure to renew this license by January 31 will result in license becoming inactive without further notice.

Under Alabama law, this document is a public record and if requested it will be provided in its' entirety.

CME Certification: (Select One)

I hereby certify that I have met or will meet by December 31 the annual minimum continuing education requirement of 25 AMAPRA Category I Credits TM or equivalent continuing medical education for the calendar year 20XX and have or will have supporting documentation if audited.

I certify that I am exempt from the minimum continuing medical education requirement for the following reason: (Select One)

I do not reside in the State of Alabama and do not have a significant portion of my medical practice in the State of Alabama

I was exempt from the CME requirement for the previous calendar year 20XX, and I moved my residence to the State of Alabama during the calendar year 20XX.

I received my initial license to practice medicine in Alabama in the calendar year 20XX.

I have obtained a retirement waiver from the Board of Medical Examiners, and I do not engage in the practice of medicine in any form.

I have obtained a waiver from the Board of Medical Examiners due to illness, disability or other hardship condition which existed in the calendar year 20XX.

I am enrolled or was enrolled in a residency training program or clinical fellowship program during the calendar year 20XX.

I am exempt from the CME requirement for the calendar year 20XX because I am a member of a branch of the armed services and I was deployed for military service in the calendar year 20XX.

Practice Information

1. Are you actively engaged in clinical practice in the State of Alabama? Yes No
2. What type of specialty area do you practice?
3. Do you currently perform/offer to perform any office based surgery/procedure which requires 1) moderate sedation, deep sedation, or general anesthesia; 2) liposuction when infiltration methods such as the tumescent technique are used; or 3) any procedure in

which Propofol is administered, given or used?
Remember: Office-based surgery is surgery* performed outside a hospital or outpatient facility licensed by the Alabama Department of Public Health.

*Definition of Surgery: Surgery, which involves the revision, destruction, incision or structural alteration of human tissue performed, using a variety of methods and instruments, is a discipline that includes the operative and non-operative care of individuals in need of such intervention, and demands pre-operative assessment, judgement, technical skills, post-operative management and follow up.

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Primary Care Information
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4. Does your practice included the delivery of primary care or mental health services, defined as basic or general health care focused on the point at which a patient ideally first seeks assistance from the medical care system, exclusive of an emergency situation? It does NOT include administrative, hospitalists, research, teaching, inpatient, emergency/urgent care, or specialized care.)
5. What is your National Provider Identifier (NPI) Number?
6. Do you work for the military, Veterans Administration, or a federal/state correctional facility?
7. Are you planning to retire in the next 12 months?
8. Are you an intern or resident?
9. What are your practice addresses? (Please include street, city, county, and zip code for each address)
10. How many hours per week do you provide direct patient care? (Do NOT include on call, hospital or nursing home rounds, drug rehab centers, jail, emergency room shifts, or similar sites.)
11. What percentage of the total patient base is on Medicaid? (If none, enter zero)

12. Is a formal sliding fee scale used, based on the patient's income or ability to pay? (Must be available to all uninsured patients.)

NOTE: Repeat questions 9 through 12 for each practice location.

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Professional Responsibility Certification

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SINCE YOUR LAST RENEWAL:

- 1. Have you been "charged" with "any" criminal offense (felony or misdemeanor) (This includes driving under the influence (DUI), even if you were convicted of a lesser offense)? Yes No (If yes, please include a detailed explanation)

- 2. Has your certificate of qualification or license to practice medicine or osteopathy in any state been suspended, revoked, restricted, curtailed, voluntarily surrendered, or disciplined in any manner? Yes

No (If yes, please include a detailed explanation)

- 3. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited, restricted or voluntarily surrendered?

Yes No (If yes, please include a detailed explanation)

- 4. Have you been denied a certificate of qualification or a license to practice medicine or osteopathy in any state or has your application for a certificate of qualification or license to practice medicine or osteopathy been withdrawn under threat of denial? Yes No (If yes, please include a detailed explanation)

5. Have you had a judgment rendered against you, or action settled relating to the performance of your professional service? Yes No (If yes, please include a detailed explanation)

6. Are you the subject of an investigation, or has a formal complaint been filed against you or your license by any licensing board or state, federal, regulatory or law enforcement agency? Yes

No (If yes, please include a detailed explanation)

7. ~~Have~~Are you currently engaged in the excessive use of alcohol, controlled substances, or the illegal use of ~~illegal drugs, or~~ drugs? ("Currently" means sufficiently recently to justify a reasonable belief that the use of the substance may have an ongoing impact on one's ability to practice medicine with reasonable skill and safety to patients. It is not limited to the day of, or within a matter of days or weeks before the date of this application. Rather, it means that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is regulated by the Controlled Substances Act. It does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law. The term does include, however, the unlawful use of prescription controlled substances.)

Yes No (If yes, please include a detailed explanation)

8. Have you received any therapy or treatment for alcohol or drug use ~~or sexual boundary issues?~~ (? If you are a participant in the Alabama ~~Physician~~ Professionals Health Program ("APHP") and are in compliance with your contract, you may answer "No" to this question, **and such answer for this purpose will not be deemed upon certification as providing false information to the Alabama Board of Medical Examiners or the Medical Licensure Commission of Alabama**). If yes, please

provide details. Yes No ~~If you answer "yes", then a description is required.~~

(If yes, please include a detailed explanation)

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9. Have you been charged, investigated, sanctioned, or have there been any complaints filed against you, relating to sexual boundary issues? Yes No (If yes, please include a detailed explanation)

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10. **Important:** The Commission recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Commission expects its licensees to address their health concerns and ensure patient safety. Options include anonymously self-referring to the Alabama Physician Health Program (www.alabamaphp.weebfv.com), a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner.

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The failure to adequately address a health condition, where the licensee is unable to practice medicine with reasonable skill and safety to patients, can result in the Commission taking action against the license to practice medicine.

Please initial certifying that you understand and acknowledge your duty as a licensee to address any such condition as stated above.

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911. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation, maternity leave, or retirement? Yes No (If yes, please include a detailed explanation)

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I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

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Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.

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Author: Alabama Medical Licensure Board

Statutory Authority: Code of Ala. 1975, §34-24-337.

History: Amended: Filed July 23, 1997; effective August 27, 1997. **Amended:** Filed March 4, 2003; effective April 8, 2003.

Amended: Filed April 23, 2004; effective May 28, 2004. **Repealed and New Rule:** Filed February 27, 2006; effective April 3, 2006.

Amended: Filed July 26, 2007; effective August 30, 2007.

Amended: Filed November 30, 2007; effective January 4, 2008.

Amended: Filed May 5, 2010; effective June 9, 2010. **Amended:**

Filed June 6, 2012; effective July 11, 2012. **Amended:** Filed

August 30, 2012; effective October 4, 2012. **Amended:** Filed

January 15, 2013; effective February 19, 2013. **Amended:** Filed

June 5, 2013; effective July 10, 2013. **Amended:** Filed November

26, 2014; effective December 31, 2014. **Repealed and New Rule:**

Filed January 5, 2018; effective February 19, 2018. **Amended:**

Filed January 11, 2019; effective February 25, 2019. **Amended:**

Published December 30, 2021; effective February 13, 2022. —

Amended: Published _____ ; effective _____ .